Advisory Committee on Minority Veterans
Washington DC Meeting Minutes
Monday, November 5, 2007

I. VA Strategic Plan Overview:
Mr. Curtis Marshall, Director, Strategic Planning Service

a. Discussed quality of life compensation disability payments (increase up to 25% of present payments were sent up as a trial balloon).
b. A board member inquired about how non-citizens and the ARNG/USAR were being handled.
c. 3 other areas emphasized:
(1) PTSD needs to be addressed first in the rating system.
(2) Acting Secretary has ordered VBA to revise the rating schedule
(3) Developing joint ventures – not only with DOD, but also academic institutions (e.g. combined center for traumatic brain injuries.

II. Remarks:
The Honorable Gordon H. Mansfield, Acting Secretary of Veterans Affairs

a. "No better care anywhere."
b. Outreach emphasized.
c. VA System is not being overwhelmed by OEF/OIF
(1) In fiscal year 2007, 5 ½-6 million unique patients.
(2) OEF/OIF: 700-800 major amputations; 110 spinal cord injuries, 684 polytrauma injuries (Class I Centers).
d. PTSD – working extremely hard on this. Have hired 10,000 mental health practitioners in the last 3 years; 3001 in the last year.
e. Disability benefits
(1) We are behind.
(2) The case backlog as of last Wednesday was 391,544. 824,000 cases done last year. 4 years ago, acceptable goal was 250,000 cases being worked (i.e. caseworkers fully occupied and cases done in 145 days), therefore, the actually backlog is about 140,000.
f. Goal is to have the work force reflect the population being served.
g. Summary
(1) "Help" VA help veterans.
(2) "Advice" – information, suggestions.

III. VA VSO Liaison: Mr. Kevin Secor

a. 160 VSOs; Big "6"; 30 major organizations.
b. VSOs are experiencing membership (aging) problems; attempted to be relevant.
c. Will get us a list of the VSOs, especially a list of the minority VSOs.
d. Work legislation on the Hill.

Advisory Committee on Minority Veterans
Washington DC Meeting Minutes
Tuesday, November 6, 2007

I. Health Disparity Research (cultural communications "not what it should be")**:**
Dr. Joel Kupersmith, Chief Research & Development Officer

a. Need more minority physicians.
b. JT suggests VA leverage influence in medical schools.
c. Lucretia, VA advisor to Committee. Only 4 feeder universities, not getting fair share
d. Members can visit area medical schools
e. What specific minority research is being done? Do researchers have minority members?
f. There is a need for broader minority representation from Staff on the 27 Advisory Committees.

II. VHA Overview:
The Honorable Michael J. Kussman, Deputy Under Secretary for Health

a. African Americans more focused on outcome than process, but less likely to seek treatment by significant %.
b. Need for more translation services.
c. Note 4 poly trauma centers started and 1 more planned.
d. Look at Guard & Reserves for PTSD.
e. Suicide hotline has had a significant number of saves (120).
f. Challenges of blast injuries-new issue.
g. More attention to needs of families.
h. Hiring patient advocates & federal coordinators.
i. Attention to needs of women veterans .10% of vet population.
j. Regulatory changes needed to allow pay to family caregivers.
k. Doing more studies on OEF/OIF returnees.

Points covered pertinent to VBA:
l. DoD/VA can provide different ratings. How to resolve?
m. Ratings and compensation rates are in process of being changed.
n. What's the real number for claims processing rates without educational claims?
o. Re: pre screening for pre-existing conditions, compensation is for acquired or for aggravated conditions.
p. What's the claim denial rate overall and for minorities?

III. Homeless Programs:
Mr. Pete Dougherty, Director, Homeless Program Office

a. Data is inadequate. Based on all outreach. Need minority breakouts.

b. VA partnering with other organizations to save homeless veterans.

IV. CWV Overview:

Dr. Irene Trowell-Harris, Director, Center for Women Veterans

a. Active and involved in issues
b. Lack of women self-ID as veterans is a problem
c. PTSD in women manifests differently than for men
d. CWV has a summit every 4 years. CMV should explore partnering with them.
e. CMV should develop relationships with Congressional Minority Caucuses
f. CMV should look at replicating CWV booklet tracking and answering frequently asked questions FAQ (Committee was provided a copy)

V. VA Staff Demographics/Hiring:

Ms. Susan C. McHugh

a. Sharp increases in minority recruiting 2007 clustered at GS-5.
b. Need more data on flow into higher grades for minorities versus totals.
c. Advisory Board to Executive Council to review issues for all 3 administrations.
d. Minority interns. Need more data on significance of the numbers and flow into VA positions.

Comment: We need to do a better job on focusing presenters on the CMV charter so they can provide more relevant data to us.

VI. Mental Health:

Dr. Antonette Zeiss, Deputy Chief Consultant, Office of Mental Health Services

a. Need specialist in PTSD to head office. Comment by presenter that PTSD is rare highlights the point.
b. There is a stigma attached to PTSD that needs to be eliminated because of the impact on employment and self image.

Advisory Committee on Minority Veterans
Washington DC Meeting Minutes
Wednesday, November 7, 2008

I. VBA Overview:

The Honorable Daniel L. Cooper, Under Secretary for Benefits

a. Good summary and clear priorities.
b. VA/DoD Commission is a welcome development.
c. Working to resolve disparities in ratings by DoD/VA.
d. VBA resisting obtaining race and ethnicity data. Defers to VA wide approach.
e. Offered assurances on how pre-existing conditions would be weighted. Need written clarification but not only a minority vet issue.
f. Perceptions of differences in delivery cannot be addressed without demographic data.
g. Evidence based research needed on whether minorities would be more adversely impacted by pre-existing conditions. DNA testing falls in this category.

II. OEF/OIF Panel:

a. Ms. Karen Malebranche, Executive Director

i. Clear overview.
ii. Note that Guard Reserves are 52% of separated OEF/OIF vets.

b. Ms. Kristin Day, Acting Chief Consultant

i. Explanation of Federal Reserve Coordinator role for every injured vet.
ii. Action-PR/USVI behind on IT and information sharing.

c. Mr. Ronald Thomas, Deputy Assistant Secretary for Policy

i. Need better documentation of military sexual trauma even thought it is tracked as a criminal act.
ii. More junior enlisted representation needed in various panels.
iii. Private sector views of hiring veterans can be negative (PTSD risk, etc) (better branding).
iv. CMV needs to be on automatic distribution for research reports.
v. Designation of un-employability and attached benefits.

III. Faith Based Overview:

Mr. Darin Selnick, Director, Faith-Based & Community Initiatives

a. Biggest challenge is outreach.

b. CMV should ID priorities for minority veterans to help VA seek endowments.
c. Need to add CMV to their brochure.
d. Do we have data on success rate of FBI to help veterans? How to enhance effectiveness?
e. Use HHS network for contacts.
f. How to better help remote areas? Islands?
g. How to coordinate all VA outreach? Need active central accountable billet.

IV. NCA Overview:

The Honorable William F. Tuerk, Under Secretary for Memorial Affairs

a. Obvious dedication.
b. Doing outreach to African American, but unaware of efforts to Hispanics.
c. Unaware of General Counsel's finding about race and ethnicity but agrees.
d. PR national cemetery now good to 2018. Waiting for response to offer of VA $ for State cemetery in Aguadilla.
e. No takers for similar offers for Tribal Cemeteries. Can CMV play a role?
f. Issue is if open to everyone (non Native Americans).

V. Small & Disadvantage Business:

Mr. Scott Denniston, Director, Office of Small & Disadvantaged Business Utilization

a. Active representation in every agency.
b. Aware of conflict between efficiencies of scale and multiple SB contracts. Involved in rule making to implement PL 109-461 to help mitigate this.
c. Kudos on exceeding Secretary's goals for minority percentages of VA procurement $.
d. Goals:
    i. Procurement program for veterans in every state to share in $700B procurement total.
    ii. Get into the Costco's, Wal-Marts, Sam's clubs, etc. procurement process for vets.
    iii. Need to establish accountability for poor results.

Advisory Committee on Minority Veterans
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Thursday, November 8, 2008

I. Indian Health Service:

Mr. Leo J. Nolan, Senior Policy Analyst, External Affairs

a. Political relationship, government to government, not race-based.
b. Serve only federally recognized tribes.
c. CHS – Contract Health Services, mostly non-primary care.

II. VHA:

Ms. Linda Lutes, Executive Assistant

a. Recently established an Office of Rural Health.
b. Sensitive to cultural differences in collaborations.

III. VA/DOD Office of Outreach:

Ms. Marianne Matheson-Chapman

a. Discussed three categories of wounded:
   (1) Very serious
   (2) Cat 2 – medical hold (warriors in transition)
   (3) Cat 3 – Hidden wounds
b. ARNG/USAR:
   (1) 26-28% are over 40 years old
   (2) 623,000 reserves have been deployed
c. SW Asia Vets OEF/OIF
   (1) 751,273
   (2) 263,909 who have used VHA (35%)
d. ARNG has VA/NG transition guard advisors
e. MOU with the ARNG, but not yet with USAR